



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Peter E. Grays

**Respondent Name**

City of Dallas

**MFDR Tracking Number**

M4-14-1449-01

**Carrier's Austin Representative**

Box Number 53

**MFDR Date Received**

January 27, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Tristar Risk Management has failed to process reimbursement for surgical procedures performed during (claimant's) surgical session."

**Amount in Dispute:** \$2,000.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Based on the description for the code 55520 and the Medicare Correct Coding Policies... these codes are included in the payment/allowance for another service/procedure that has already been adjudicated and are not considered separate procedures. These procedures were performed in the same patient encounter, was performed in an anatomically related area and the same skin incision approach was used for both the right and left area."

**Response Submitted by:** Injury Management Organization, Inc. 10235 West Little York Road, Suite 265, Houston, TX 77040

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 19, 2013	55520	\$2,000.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W3 – The benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day
  - 193 – Original payment decision is being maintained.

## Issues

1. Did the requestor support that a separate and distinct procedure was performed.
2. Is the requestor entitled to reimbursement?

## Findings

1. The carrier denied the disputed services as, W3– “The benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day.” 28 Texas Labor Code §134.203(b) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.” The Medicare Correct Coding Initiatives does not allow code 55520 with code 49507 unless an appropriate modifier and documentation supports a separate and distinct procedure. Review of the submitted documentation finds use of the -59 modifier, “Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.” Review of the submitted medical records finds the following;
  - a. Procedure note from 4/19/2013 – “Next, an incision was made on the left groin and carried down to the external oblique, which was then opened. The ilioinguinal nerve was excised as well as the cord lipoma. The large direct hernia was reduced...”The reviewed notes did not support a separate procedure was performed to remove a lesion. The use of the 59 modifier is not supported. Therefore, the carrier’s denial is supported.
2. The provisions of 28 Texas labor Code §134.203(b) were not met. No additional payment can be recommended.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	September , 2014 Date
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## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**